

CITY OF CARLSBAD - ENGINEERING DEPARTMENT
APPLICATION
ENGINEERING PLAN CHECK

Complete all appropriate information. Write N/A when not applicable.

PROJECT NAME: _____ DATE: _____

PROJECT DESCRIPTION: _____

PROJECT ADDRESS: _____

LOT NO(S).: _____ MAP NO.: _____ APN(S).: _____

NUMBER OF LOTS: _____ NUMBER OF ACRES: _____

OWNER: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

I certify that I am the legal owner and that all the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

APPLICANT: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

Signature: _____ Date: _____

CIVIL ENGINEER: _____

FIRM: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

State Registration Number: _____

SOILS ENGINEER: _____

FIRM: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

State Registration Number: _____

ADDITIONAL COMMENTS: _____

IMPROVEMENT VALUATION

1. What water district is the proposed project located in? (check one)

☐ Carlsbad Municipal Water District

☐ Olivenhain

☐ Vallecitos

2. If in the Carlsbad Municipal Water District, what is the total cost estimate, including the 15% contingency fee, for **water and reclaimed water improvements, sewer (for Carlsbad Municipal Water District only), street, public (median) landscape and irrigation, and drainage improvements** (if applicable)? \$ _____

GRADING QUANTITIES

cut _____ cy fill _____ cy remedial _____ cy import _____ cy export _____ cy

SEE REVERSE SIDE

CITY OF CARLSBAD - ENGINEERING DEPARTMENT

APPLICATION

ENGINEERING PLAN CHECK

Complete all appropriate information. Write N/A when not applicable.

APPLICATION FOR (✓ all that apply)	FOR CITY USE ONLY			
	PROJECT I.D.	DRAWING NUMBER	DEPOSIT/FEES PAID	COMMENTS
<input type="checkbox"/> Adjustment Plat (ADJ)				
<input type="checkbox"/> Certificate of Compliance (CE)				
<input type="checkbox"/> Dedication of Easement (PR)				
Type: _____				
Type: _____				
Type: _____				
<input type="checkbox"/> Encroachment Permit (PR)				
<input type="checkbox"/> Final Map (FM)				
<input type="checkbox"/> Grading Plancheck (DWG)				
<input type="checkbox"/> Improvement Plancheck (DWG)				
<input type="checkbox"/> Parcel Map (PM)				
<input type="checkbox"/> Quitclaim of Easement (PR)				
Type: _____				
Type: _____				
Type: _____				
<input type="checkbox"/> Reversion to Acreage (RA)				
<input type="checkbox"/> Street Vacation (STV)				
<input type="checkbox"/> Tentative Parcel Map (MS)				
<input type="checkbox"/> Certificate of Correction (CCOR)				
<input type="checkbox"/> Covenant of Easement (PR)				
<input type="checkbox"/> Substantial Conformance Exhibit (SCE)				
<input type="checkbox"/> Other				

APPLICATION ACCEPTED BY:

DATE STAMP
APPLICATION RECEIVED